

406 - MEMBER HANDBOOK AND PROVIDER DIRECTORY

EFFECTIVE DATES: 07/01/17, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/22, 10/01/23, 10/01/24, 10/01/25

APPROVAL DATES: 03/02/17, 04/19/18, 07/02/19, 04/02/20, 04/29/21, 05/12/22, 06/13/23, 05/07/24, 05/01/25

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), and DES DDD (DDD) Contractors. This Policy establishes requirements for AHCCCS Contractors regarding Contractor Member Handbooks and Provider Directories.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy.

III. POLICY

A. GENERAL REQUIREMENTS, REVIEW, AND DISTRIBUTION OF CONTRACTOR MEMBER HANDBOOK AND PROVIDER DIRECTORY

1. General Requirements:

- a. The Contractor shall provide annually a member handbook and provider directory to members,
- b. The member handbook shall contain all information required as identified in Attachment A, including definitions as required by Centers for Medicare and Medicaid Services (CMS) specified in Attachment B. The required information shall be incorporated into the Contractor's member handbook in the order identified on Attachment A,
- c. The member handbook shall be submitted as specified in the member handbook review process section of this Policy,
- d. AHCCCS may require the Contractor to publish information when modifying or expanding the contents of the Contractor's member handbook, and to distribute this information in the form of inserts and supply these inserts with subsequently distributed member handbooks,
- e. The Contractor shall update paper provider directories at least quarterly and electronic provider directories no later than 30 calendar days after the Contractor receives updated provider information (42 CFR 457.1207, 42 CFR 438.10), and
- f. The Contractor shall ensure the electronic versions of the member handbook and provider directory meet the following provisions (42 CFR 457.1207, 42 CFR 438.10):
 - i. The format is readily accessible,
 - ii. The information is placed in a location on the Contractor's website that is prominent and readily accessible, and in a machine-readable format which can be electronically retained and printed,
 - iii. The information is consistent with federal content and language requirements,

- iv. The member is informed that the information is available on paper form upon request at no cost and the information is provided to the member within five business days from the request, and
 - v. The requirements as specified in ACOM Policy 416 [42 CFR 457.1207, 42 CFR 438.10(h)].
- 2. The language and format requirements are as specified in ACOM Policy 404 (42 CFR 457.1207, 42 CFR 438.10).
- 3. Member handbook review process:
 - a. The Contractor is required to submit to AHCCCS its Contractor's member handbook, along with a track changes version reflecting changes from the previous contract year, annually,
 - b. A cover letter to include the requirements as identified on Attachment A, shall also be submitted annually as specified in the Contract or as directed by AHCCCS,
 - c. A final copy of the member handbook shall be submitted to AHCCCS after AHCCCS has provided approval of a draft, as specified in the Contract. The Contractor is only required to submit the member handbook (final approved version) if the Contractor has not obtained the National Committee for Quality Assurance (NCQA) Health Plan Accreditation or should the Contractor lose its accreditation (either due to non-renewal or revocation), and
 - d. The DDD is responsible for ensuring the member handbooks and provider directories issued by its subcontracted health plans align with the requirements of this policy.
- 4. Distribution requirements:
 - a. Provider directory:
 - i. The ACC, ALTCS E/PD, CHP, and DDD Contractors, shall provide a provider directory to each member/Health Care Decision Maker (HCDM), and Designated Representative (DR) or household within 12 business days of receipt of notification of the enrollment date,
 - ii. The ACC-RBHA Contractors shall:
 - 1) Provide the provider directory to each member/HCDM, and DR or household within 12 business days of receipt of notification of the enrollment date for members receiving physical health care services, and
 - 2) Provide the provider directory to each member/HCDM, and DR or household within 12 business days of receipt of initial behavioral health covered services for members receiving behavioral health services only.
 - iii. The Contractor has the option of providing the provider directory in hard copy format or providing written notification of how the provider directory information is available on the Contractor's website, via electronic mail, or via postal mailing. This member notification may be included in the member handbook or mailed separately. This notice shall be approved in accordance with ACOM Policy 404 and shall give the member the option to obtain a hard copy version of the provider's directory.
 - b. Member handbook:
 - i. The ACC, ALTCS E/PD, CHP, DDD Contractors shall provide the member handbook to each member/HCDM, and DR or household within 12 business days of receipt of notification of the enrollment date,
 - ii. The ACC-RBHA Contractors shall:

- 1) Provide the member handbook to each member/HCDM, and DR or household within 12 business days of receipt of notification of the enrollment date to members receiving physical health care services, and
- 2) Provide the member handbook to each member/HCDM and DR or household within 12 business days of receipt of initial behavioral health covered services to members receiving behavioral health services only.
- iii. The ALTCS E/PD and DDD Contractors shall provide a hard copy of the member handbook to each member/HCDM, and DR. All ALTCS (E/PD and DDD) case managers shall also provide and review the member handbook with the member annually and document this review,
- iv. The ACC, ACC-RBHA, and CHP Contractors have the option of providing the member handbook in hard copy format with the new member materials, or providing the member written notification of how the member handbook information is available to the member on the Contractor's website, via electronic mail or via postal mailing. Should the Contractor elect not to provide the member handbook in hard copy format with the member materials the following provisions apply:
 - 1) The Contractor shall submit a summary describing its distribution method in accordance with Attachment A,
 - 2) The member notification shall be approved in accordance with ACOM Policy 404,
 - 3) The written notification shall give the member the option to obtain a printed version of the member handbook,
 - 4) The written notification shall be sent to members within the member handbook timeframes as specified above (42 CFR 457.1207, 42 CFR 438.10), and
 - 5) The Contractor shall provide current members with written notification at least annually, of how to receive a copy of the most recent member handbook.
- c. The DDD may, at its discretion, require its subcontracted health plans to provide written notification that the subcontracted health plan's member handbook and provider directory are available on the subcontracted health plan's website, or upon request via electronic mail or by postal mailing,
- d. The Contractor shall make copies of the member handbook available to known consumer and family advocacy organizations and other human service organizations, and
- e. The member handbook inserts - AHCCCS may require the Contractor to update its member handbooks throughout the contract year to address program changes for inclusion in the member handbook:
 - i. These changes shall be incorporated in subsequently distributed handbooks through inserts until the handbooks are updated with the new information, and
 - ii. The Contractor shall also post the content of the insert on its website.

Both DDD and CHP shall ensure member handbook and provider directory requirements are delegated to its subcontracted health plans. Both DDD and CHP shall review its subcontracted health plan member handbook and provider directories for approval in accordance with this Policy.

B. PROVIDER DIRECTORY CONTENT

1. The Contractor shall have a user-friendly, searchable electronic provider directory (including specialists for referrals) on the Contractor's website (Refer to ACOM Policy 404, Attachment B).
2. The Contractor shall also make available in an electronic and hard copy format a provider directory that shall include (42 CFR 457.1207, 42 CFR 438.10):
 - a. Provider name as well as any group affiliation,
 - b. Provider address (if the provider is virtual-only, the provider directory shall indicate that such practitioners are virtual only in lieu of a physical address),
 - c. Provider telephone number,
 - d. Website Uniform Resource Locator (URL), as appropriate,
 - e. Specialty, as appropriate,
 - f. Non-English languages spoken,
 - g. Whether or not the provider is accepting new patients,
 - h. Information for the following provider types:
 - i. Physicians, including specialists,
 - ii. Hospitals,
 - iii. Pharmacies,
 - iv. Behavioral health providers,
 - v. Long Term Services and Supports (LTSS) providers, as applicable,
 - vi. Community-based, peer and family support providers throughout the State, and
 - vii. Multi-Specialty Interdisciplinary Clinics (MSICs). The MSIC information shall include a listing of the clinic's specialty providers available onsite, including but not limited to, physicians (including adult and child psychiatrists), and laboratory, x-rays, and therapy.
 - i. The provider's cultural and linguistic capabilities, including languages (including American sign language) offered by the provider or a skilled medical interpreter at the provider's office,
 - j. The location of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract,
 - k. A designation identifying network offices that offer reasonable accommodations for members such as: physical access, accessible equipment and culturally competent communications and a description of how the members can obtain details of the accommodations for specific providers, and
 - l. Information on the services offered through telemedicine and mobile providers, and how to access these services.